Should we trach COVID patients?

Yup.

Robert L. Owens, MD
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Who not to trach?

- Acuity of illness
- Likelihood of survival
- Severity of Lung Disease

Rapid Recovery
Who not to trach?

- Acuity of illness
- Likelihood of survival
- Severity of Lung Disease

Rapid Death

Time
Who not to trach?

- Acuity of illness
- Likelihood of survival
- Severity of Lung Disease

Poor baseline status
So who to trach?

- Acuity of illness
- Likelihood of survival
- Severity of Lung Disease

Time

Long Recovery
So who to trach?

Long Recovery also exposed to iatrogenic complications:
- Weakness
- Sedation/NMB
- Delirium
So who to trach?

- Acuity of illness
- Likelihood of survival
- Severity of Lung Disease

Long Recovery also exposed to iatrogenic complications:
- Weakness
- Sedation/NMB
- Delirium
Neuropsychological Sequelae and Impaired Health Status in Survivors of Severe Acute Respiratory Distress Syndrome

RAMONA O. HOPKINS, LINDELL K. WEAVER, DONNA POPE, JAMES F. ORME, Jr., ERIN D. BIGLER, and VALERIE LARSON-LOHR

• Emphasized that lung function could return to near normal
• Survivors instead limited by weakness, and cognitive dysfunction
• Alive ≠ alive and well
Return to work after critical illness: a systematic review and meta-analysis

Biren B Kamdar,1 Rajat Suri,2 Mary R Suchyta,3 Kyle F Digrande,4 Kyla D Sherwood,5 Elizabeth Colantuoni,6,7 Victor D Dinglas,8 Dale M Needham,6,8 Ramona O Hopkins9,10
No strong data that early vs. late trach really matters.

Is COVID different?
Does COVID extend the curve?

COVID is a marathon

- long duration of MV
- proning, paralysis need deep sedation
- No family/visitors
- Not using NIV
- Higher rates re-intubation?
Would a trach knock the curve down?

Acuity of illness
Or
Likelihood of survival
Or
Severity of Lung Disease

Trach might allow:
- Less sedation
- Improved communication
- On and off vent more easily
- Better PT
It’s hard to smile with an ETT!
Should we trach COVID patients?

Yup.
(or at least I wouldn’t automatically say no)

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